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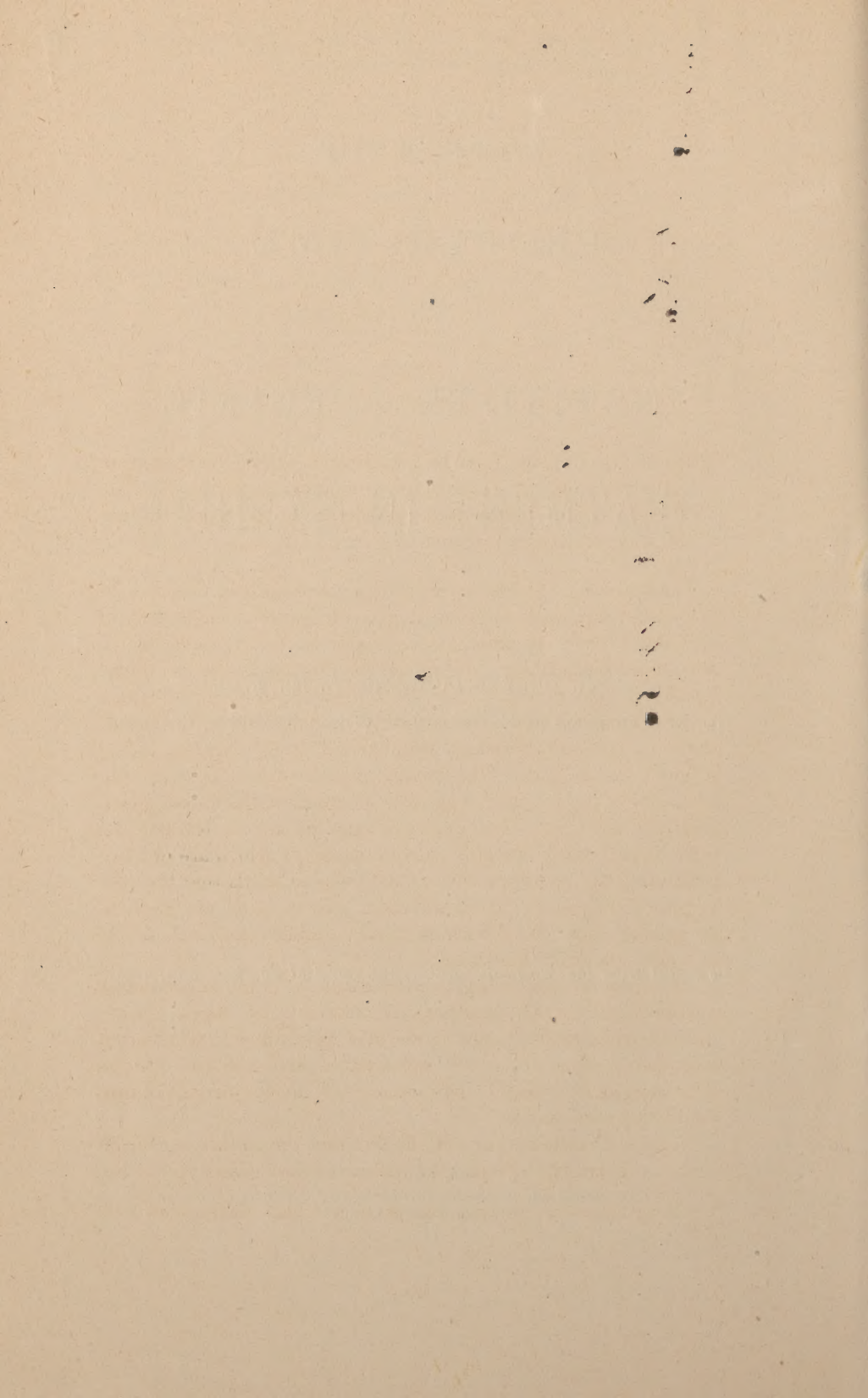
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WHEN IS THE PROPER TIME TO INSTITUTE SPECIFIC TREATMENT IN SYPHILIS.* By A. H. OHMANN-DUMESNIL, A. M., M. D., Professor of Skin Diseases and Syphilis in the St. Louis College of Physicians and Surgeons.

The conscientious physician who is called upon to treat a case of syphilis is always anxious to give his patient the benefit of any doubt that may exist, and not only this but he is also solicitous to see that his patient gets the full benefit of the treatment instituted. As an introductory to the subject to be considered it may be premised that the certainty of diagnosis of the initial lesion is, as a rule, inversely proportional to a complete knowledge of the subject. The merest beginner in medicine will unhesitatingly pronounce a diagnosis where the experienced specialist will hesitate. The one appreciates but a very few out of a number of possible complex symptoms, all of which are quickly recognized by the other. The consequence of this is that the new beginner frequently makes mistakes and so often covers them by greater ones that it becomes a very difficult matter to arrive at a just conclusion later one.

The proper time to begin the treatment of syphilis, or what is generally called the constitutional treatment, is when the so-called secondary symptoms make their appearance. This is not only more rational, but it is safer, more thorough and it is the only method by which the patient is given the full benefit of any doubt that may exist.

All are doubtless aware of the fact that the chancre or initial sclerosis is that sign which first appears to show that syphilis has

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invaded the economy. We will not discuss here the question as to whether it is a local manifestation purely, or a symptom of general infection. The numerous experiments made to entirely destroy this lesion by cauterization, excision, etc., have failed to avert further manifestations and we feel justified in regarding it as a local symptom of a general infection. Now, if this lesion possesses all of the characteristics of the typical chancre of syphilis, there is but little difficulty in recognizing it. If, on the contrary, it exists in an unusual locality or has developed in an abnormal form it will not be so readily recognized. Again, a purely local venereal sore may present many qualities similar to those of the infecting chancre and in such a case we will have some difficulty in appreciating the situation. It is not every one who can recognize or rather differentiate induration from circumscribed inflammatory infiltration and a supposed indurated chancre may turn out to be but an infiltrated chancroid or vice versa. The mere fact that a venereal sore is suppurating is no proof that it is non-syphilitic as the chancre when irritated will become inflamed and pus will follow, as a natural consequence. When the chancre occurs on a mucous surface it frequently never has an indurated base or it is one in which the characteristic hardening is so slight that it escapes attention. The time of incubation, so often relied upon in making a diagnosis, very frequently cannot be depended upon, especially if the subject has been indulging in promiscuous intercourse, a condition which also greatly militates against diagnosis by confrontation. When we consider all these points in connection with the diagnosis of the initial lesion, it becomes apparent that the question of giving the patient the benefit of the doubt is an important one.

Whether the diagnosis be positive or doubtful the treatment remains the same. If the chancre be non-infecting and has been diagnosed as infecting, simple detergent measures and internal tonic treatment will not have any tendency to retard cure. On the contrary, you are placing your patient under the best possible conditions to ensure rapid granulation and cicatrization of the ulcer. Should it, however, be an infecting chancre, whether recognized as such *ab initio* or not, the same treatment will be proper. The chancre will heal spontaneously in any case and detergent measures are our mainstay now in surgical procedures and always in order. The simple tonic treatment has the effect of counteracting the anæmia and debility which always accom-

pany syphilis and besides places the patient in the best possible condition for the siege he is about to undergo. Then, when the secondary lesions appear, the specific tonic treatment, the mercurial, is in order and should be pushed vigorously.

The question will be asked, "Why not give mercurials immediately and avert the appearance of the secondary symptoms? Or why not give it in doubtful cases?" To the first we will answer that there are several reasons. In the first place mercurials given immediately after the appearance of the chancre do not prevent the appearance of secondary symptoms, they merely delay them, even should the patient faithfully take his medicine. In the second place the patient will take the remedies ordered, but for a short time, as he will regard himself cured, never having observed anything beyond the primary sclerosis. He will later on, after a greater or less interval of time, have relapses which will often be difficult to control. In doubtful cases you place a patient under treatment who perhaps never had syphilis. He is not certain of it nor is his physician and he may be informed later on by some one else that if he had syphilis it may reappear at any time; if he has not had it, it will not. Try to imagine the mental state this would bring about in a sensitive person. It is giving the benefit of the doubt with a vengeance. If, as is advocated in this paper, you wait until the appearance of secondary symptoms and the patient observes them, he will be impressed with the importance of the disease with which he is afflicted. He will more readily observe the directions of his physician and he will have more faith in him, as he sees those lesions disappear under appropriate treatment. Again, if no secondary symptoms appear within a certain limited time the patient can be assured that his disease was purely local, that he is still untainted and he may be sent on his way rejoicing that he has escaped a disease regarded with such horror by the majority of humanity.

Is there not time lost in delaying specific treatment until the appearance of the secondary symptoms? By no means. The patient, properly instructed, will discover the first erythematous blush or roseola and will be quick to see that it is properly cared for; this will rapidly disappear under appropriate treatment and he will in the interim have gained strength and greater power to resist not only the effects of the disease, but any untoward

effects the medicines might exert. Besides this, a certainty of the existence of the disease is established.

These are but a few of the numerous reasons adduced for this method of treatment; it would require more time and space than your patience would permit to go fully into the subject. Cases have not been brought forward in support of the views advocated as very few men are in a position to show a sufficient number to carry conviction. Fournier, of Paris, one of the best living authorities on syphilology, has treated thousands of cases of syphilis in the institution which furnishes the largest number of any in the world, my hearers will readily recognize that I refer to l' Hôpital St. Louis. The result of his observations through a series of many years is such as I have given and it was not arrived at hastily, but is the fruit of years of labor and thought. In fact, the majority of advanced syphilographers are now agreed that such is the proper course to pursue. In comparison my own few cases, of course, pale into insignificance; yet, it is always gratifying to us to be able to confirm personally the experiments of others and I can heartily testify to the success which attends this method of treatment. And I have yet to see the first patient who has ever objected to the few weeks he was compelled to wait in order that he might have proof positive of the presence or absence of syphilis.

Nothing has been said of specific treatment as it is a subject too vast to embrace within the limits of a short paper. Nor has any reference been made to various special forms of the initial lesion where special treatment, local and general, is sometimes indicated. The aim has been rather to call attention to a subject which seems, as yet, to be but little appreciated by the general practitioner who very often has but rare opportunities of observing cases of syphilis from their inception.

